DR. WAYNE MEYERS
ARMED FORCES INSTITUTE OF PATHOLOGY
ORAL HISTORY PROGRAM

SUBJECT: Dr. Wayne Meyers
INTERVIEWER: Charles Stuart Kennedy
DATE: July 27, 1993

Q: Good morning, Dr. Meyers. Could you tell me when and where you were born and a bit about your family, and then we'll move into your background.

DR. MEYERS: I was born on a small farm in west central Pennsylvania, in Huntingdon County. Most of my ancestors were farmers. My father was also a carpenter, and worked as such on steamboats going up and down the Mississippi from Pittsburgh to New Orleans.

Q: My goodness.

DR. MEYERS: My mother was born on the farm that she lived on all her life. And that's my origin.

Q: Were there any medical people in your family?

DR. MEYERS: No, none at all.

Q: Where did you go to school and to university?

DR. MEYERS: I went to the local elementary one-room school. That was a very, I think, useful experience. I don't know any better atmosphere for one's early education than in a one-room school. Then on to a consolidated high school in Saxton, Pennsylvania, and then to Juniata College, in Huntingdon, Pennsylvania.

Q: When did you start college?

DR. MEYERS: In 1941.

Q: Ah. So, World War II, at least for the United States, was just beginning to crank up at that point.

DR. MEYERS: Yes. It played an important role in my life.

Q: When you went to Juniata College, what had you set your sights on at that point?

DR. MEYERS: To be a chemist, and I majored in chemistry in college.

Q: Did the war interfere at all?

DR. MEYERS: Yes, I was drafted in 1944, when I was more than three years through college, and served in a signal company in an infantry division, in the South Pacific.

Q: Where did you go?

DR. MEYERS: I spent most of my service time in the Philippines.

Q: I see. What division were you in?

DR. MEYERS: The 43rd Infantry Division.

Q: Were they using your chemistry abilities at all?

DR. MEYERS: No, I was a cryptographer.

Q: Aha. Well, I suppose there's a certain precision there. At the end of the war, where were you then?

DR. MEYERS: At the end of the war, I was in Luzon, and went to Japan in the Army of Occupation.

Q: What were you thinking about as a career now that the war was over?

DR. MEYERS: Well, returning to Juniata College, finishing my degree in chemistry, and working as a chemist.

Q: Well, did you do that?

DR. MEYERS: Yes. I worked with U.S. Steel as a research chemist in Pittsburgh, in physical chemistry in the metallurgical area. During that time, I felt that perhaps my goals in life could not be realized in that field. I felt more led toward some humanitarian endeavor. Having a rather strong religious background I thought perhaps missionary work would be the best way to fulfill this. So I went to seminary in Chicago. During that time, I felt that perhaps medicine was the field in which I could best serve.

Q: Was anybody looking at you and saying, you know, you do have this strong background in chemistry? Was there anybody pushing you?

DR. MEYERS: No. No one pushing me at all. Of course, I was influenced by my older

brother who was an academician, and perhaps was an inspiration to go further in academics. So I then returned for a year to Juniata College and completed my studies in biology for medical school. At the end of that year I wanted to go to medical school, but there were no funds available, so I obtained a scholarship at the University of Wisconsin and completed my degree in medical microbiology at the University of Wisconsin.

Q: When did you get that?

DR. MEYERS: The MS in 1953, and the Ph.D. in 1955.

Q: So you got a doctorate in microbiology.

DR. MEYERS: Yes, and following that, I went to medical school at Baylor, in Houston.

Q: How did Baylor come in?

DR. MEYERS: Well, I was looking for a school where I could support my family by doing research and teaching and go to medical school at the same time. There was such an opening at Baylor, and so I had an instructorship in microbiology and did research in the Microbiology Department while I was doing my medical school.

Q: Was it standard medical instruction, or were you pointing yourself towards missionary work?

DR. MEYERS: Yes, I was pointing myself toward missionary work all that time, but at the same time engaged in research.

Q: Medical training at Baylor lasted how long?

DR. MEYERS: Because of the teaching and research, I stretched it over five years.

Q: And so you got out when?

DR. MEYERS: In 1959.

Q: So where did you go after that?

DR. MEYERS: I did my internship in Pennsylvania. Then, with missionary medicine in mind, I worked in a hospital in Michigan, doing primarily surgery. Anyone who's planning to do medical work overseas must have, or at least in those days, needed some expertise in surgery.

Q: In the early '60s, when you're pointed towards missionary medicine, what were the fields that you felt you really had to be pretty self-sufficient in?

DR. MEYERS: Well, for a long time I had had an interest in leprosy, and so I really was hoping that I could concentrate on leprosy--in treatment, control and research.

Q: Except maybe for Hawaii, is there anyplace where you can get any sort of hands-on experience, as far as leprosy is concerned, in the States?

DR. MEYERS: The only hospital in the U.S. concentrating on leprosy today is the U.S. Public Health Service's Gillis W. Long Hansen's Disease Center at Carville, in Louisiana. There are, however, many clinics around the country that manage the leprosy patients in their local area. They are more or less under the supervision of Carville.

Q: Were you getting any insight into leprosy while you were going through medical school?

DR. MEYERS: One doesn't get very much formal training in leprosy in medical schools in this country.

Q: Were you getting any work in pathology, or just the normal...

DR. MEYERS: Nothing structured, but wherever I went, I got involved with the Pathology Department, whether it was assisting in autopsies, doing autopsies, or following up the histopathologic aspects of a particular patient of mine or any patient of special interest.

Q: Well, your chemical background must have helped in this sort of thing, didn't it?

DR. MEYERS: I believe so, yes. All of that has been a useful background.

Q: Well, after this period of both training and working, when did you finish getting the experience you felt necessary to be a missionary?

DR. MEYERS: I finished my surgical experience in this country around October of 1961, and then went to Africa, under the auspices of the American Leprosy Missions.

Q: The American Leprosy Missions, was this a multi-denominational group?

DR. MEYERS: Yes. It provides assistance for care of leprosy patients through governments, religious and voluntary organizations.

Q: Where did you go?

DR. MEYERS: I served in a one-doctor hospital in a remote area of Burundi near the Tanzania border.

Q: Could you tell me a bit about Burundi, what the medical problems were, and also a little about the climate around there, both culturally and otherwise.

DR. MEYERS: Well, it was a country in turmoil at that time.

Q: The Tutsi and Hutu.

DR. MEYERS: The Tutsi and the Hutu were having a war.

Q: Horrible.

DR. MEYERS: A horrible conflict. There was rebellion. In fact, I think it was a day or two before I arrived in the capital city of Usumbura that the Prime Minister was assassinated. It was a rather tense atmosphere at that moment. We worked on the other side of the country, about 160 kilometers or so. It's a very small country. A beautiful country, mountainous, referred to quite frequently as the Switzerland of Central Africa. A beautiful country with many problems. More recently there are, I think, major improvements in the political atmosphere.

Q: Well, you arrived just at the time of greatest turmoil in Africa. The Belgian Congo (now Zaire) had just been granted independence and was going through the worst agonies, probably, of any state, as far as conflict. The United Nations was involved; there were breakaway provinces and all. Burundi was also a Belgian thing. Who was running it at that time?

DR. MEYERS: Burundi was still under Belgian rule at that time. As you know, they were a protectorate under the Belgian government following the First World War. They were not yet independent; nevertheless, there was a major move toward independence. And this was closely related to the Hutu-Tutsi conflict.

Q: The Tutsis being a very small minority, but overlarge, a very tall people.

DR. MEYERS: About 15 percent Tutsi, and 85 percent Hutu, and less than one percent the Pygmy group [Twa]. There also had been, I think, three successive crop failures, and so we were in a famine environment as well. I did as much famine-relief work as I did medicine. There were 600 patients in the leprosarium, and our hospital was the only one within about 50 kilometers. So, we received all kinds of medical problems.

Q: You ran a general clinic as well?

DR. MEYERS: Yes.

Q: Was the area mainly Hutu, or was it mixed?

DR. MEYERS: Well, all areas were mainly Hutu. Caring for one group, of course, aroused suspicions in the other group, and many people preferred to stay in the protected environment of the leprosarium.

Q: How did you keep it a protected area?

DR. MEYERS: They tended to respect the leprosy hospital, and there were no major attacks on the hospital. There were others in the surrounding area, of course.

Q: How widespread was leprosy at that particular time?

DR. MEYERS: It was a major problem in Burundi. I would guess that in the country there were then perhaps 5-10,000 patients among 3-4 million inhabitants.

Q: Were you able to do much in the way of treatment of this?

DR. MEYERS: This was in 1961. Sulfones were available, and we were able to provide curative treatment for a great many people, and care for the physical disabilities of most patients.

Q: Were you getting experience with other diseases in this particular area that would help you later when you got to the AFIP?

DR. MEYERS: Yes. Hands-on experience, I think, is essential to anyone who works in any aspect of diseases in the tropics.

Q: Were you having much time to do any research, or were you pretty well overwhelmed?

DR. MEYERS: Pretty well overwhelmed. I referred to the famine-relief operation, this involved all kinds of negotiations with the relief people, providing transportation, and spending as much time digging trucks out of the mud as working in the operating room.

Then I moved to Zaire (then the Democratic Republic of the Congo) in 1962, to work in Kivu.

Q: Now Kivu would be where? It's such a huge country.

DR. MEYERS: Kivu is the extreme eastern part of the country. Beautiful, mountainous

terrain. We were rather close to the base of the Ruwenzori Mountains (the Mountains of the Moon), and when the weather was right, there was the beautiful scene of a snow-capped mountain very near the Equator.

Q: Oh, my goodness. So you were somewhat removed from the Stanleyville, Elisabethville business, the revolts there. Or were you? Were you getting involved with the...

DR. MEYERS: Stanleyville was several hundred kilometers away from where we were, but the rebellion actually swept through our area. It began south, around Albertville, and swept north, eventually to involve nearly half the country, on a line diagonally drawn between the Ubangi and the Shaba area. We were right along the Uganda border. Because of health reasons for one of my daughters, we had to leave just a couple of months before that happened. So we were not there at that time, but all of our belongings and personal effects were, of course, lost. But that was a small thing compared to what happened to so many others.

Q: It was a very dangerous time.

DR. MEYERS: Yes.

Q: I guess when we sent troops in, the Belgians put troops in, and Americans helped Dragon Rouge and others to rescue many of the...

DR. MEYERS: We were very much involved in this in many ways. My wife's parents had gone to Africa in 1923, and my wife grew up in the Belgian Congo. Her father had died just before this rebellion and was buried in northeastern Zaire. Her mother remained there, however, and she was captured by the rebels. So we were very much involved essentionally in that whole operation.

Q: It was a very scary time. Was she rescued?

DR. MEYERS: She eventually escaped. Some very kind local merchants included her in a list of their wives and paid a large ranson for the whole group of women to cross the border into Sudan, where they were captured again by Sudanese rebels--but all eventually made their way to freedom.

Q: Did you return to the Congo?

DR. MEYERS: I had hoped to return to Kivu. There was a tremendous opportunity for work among leprosy patients there. In Kivu, I was in charge of a leprosarium with between 2,000 and 3,000 patients. In that time, leprosy patients were nearly all treated as in-patients. But there were all the other medical problems to work with--a lot of surgery

and a lot of clinical visits to outlying dispensaries and so forth--so there really wasn't a lot of time to work with these patients, however many they were.

At any rate, I was able to do some research there and had hoped to return, but with the rebellion, it was impossible to enter at that time. So the American Leprosy Missions moved me to the Bas-Congo (Lower Congo), about halfway between Matadi and Kinshasa.

Q: What were you working on there?

DR. MEYERS: Where I moved to?

Q: Yes.

DR. MEYERS: This was a much larger hospital, about a 450-bed hospital, and they had many services and more physicians. So there was an opportunity to concentrate on leprosy. We developed a leprosy program that involved some 20 outlying centers. All leprosy patients were eventually discharged from the leprosarium, and seen and treated in these outlying centers, which we visited regularly by Land Rover or by airplane. All that was a very satisfying experience. In the meantime, I was responsible for the dermatology at the hospital, and also for the laboratory and pathology.

Q: Had you had any connection with or seen any of the publications of the AFIP at that time? Were you familiar with it?

DR. MEYERS: I first visited the AFIP in 1961, before going to Africa. At that time, I met Dr. Connor, who was then planning to go to Uganda on a project which Dr. Binford and Dr. Stowell had arranged. They had made a trip to Africa a year or so previously and had arranged collaborative projects with two academic institutions in Africa: one at Onderstepoort, in South Africa, near Pretoria; and the other one in Kampala at Makerere University. I visited Dr. Connor when I was in Burundi in 1962, and from that time on collaborated with the AFIP. I worked through Dr. Binford, sending specimens and studying special patients. And then, when Dr. Connor returned to the AFIP, our collaboration increased.

Q: When you say collaboration, how would you use the AFIP, and how would the AFIP use you?

DR. MEYERS: Well, we were seeing patients with a vast array of tropical diseases. I believe Dr. Binford's original intention, when he established the Geographic Pathology Division, which eventually became the Department of Infectious and Parasitic Diseases Pathology, was to give visibility to the AFIP around the world, and tropical diseases was an area of particular interest. He had had an interest in leprosy for a long, long time, having worked with leprosy patients as a public health physician, with the U.S. Public

Health Service in Honolulu in 1933-35. He continued his interest in leprosy. So this was an ideal base to develop our collaboration. I provided specimens, either biopsy specimens or autopsy materials. Then I would, from time to time, return to the AFIP and work up these materials. We had a great deal of fun, and I think it was a useful endeavor.

Q: Did you find the AFIP was sort of obviously working on the idea of, in a way, developing a catalog for both classification of various tropical diseases, of God knows where, and the treatment? Because, with a military force, we could be inserting our troops almost anywhere. In fact, we did, at least our airmen went into the Congo, not combat troops. Was this sort of the engine that was driving this?

DR. MEYERS: Well, this may have been a motivating factor at some level, but as far I was concerned, the motivation was purely humanitarian and academic. And whatever benefits could have been derived from that for other purposes were, as far as I was concerned, spinoffs.

There have been several registries, I think, which have benefitted a great deal from these activities. The Registry of Leprosy, for example, which I'm still involved in, now has material from between 20,000 and 30,000 cases of leprosy. This must be the largest collection of pathologic materials from leprosy patients anywhere. Then there was the Registry of Filariasis. The WHO Center for the Study of Filariasis developed in our department, and filarial diseases was one of our major collaborative efforts. There was a lot of material on other mycobacterial diseases, such as Buruli ulcer, (Mycobacterium ulcerans infections) which is relatively unknown by the medical profession in this country, but it is a major problem in many foci in Africa.

As a result of all these things, we obtained a significant grant from the Research and Develop Command of the U.S. Army, and did conduct research in sleeping sickness, trypanosomiasis, and Buruli ulcer during about five of my eight years at this post in the Lower Congo.

Q: You were there from when to when in the Bas-Congo?

DR. MEYERS: In the Bas-Congo from '65 until '73.

Q: During this time, were you getting any intimations, which maybe later became more obvious, of the beginning of AIDS?

DR. MEYERS: We've looked back on that with a great deal of interest. I believe there were some patients who presented with findings seen in AIDS. Of course, we knew nothing about it in those days. I did a lot of traveling for the development of the Leprosy Service in the country at that time. This involved going to different mission stations, universities and other teaching centers. During these visits, especially those in the Stanleyville (Kisangani) area where AIDS may have arisen, we did see some patients that could easily have had AIDS. It's now been established that some sera that were taken by

the Belgians in Faine as early as 1959 were positive for HIV. So it did exist in that area, and, to the best of my recollection, they came from that central equatorial area of Zaire.

Q: But that, more or less, as you say, establishes that area as probably the source, if you can identify a place where...

DR. MEYERS: It is difficult to say, but that may be correct.

Q: Since we were beginning to enter the age of easy transportation, with jets whipping people all over the place, was there concern among doctors at that time that various tropical diseases would end up in a lot of places where they had never been before and that people would be particularly prone to them?

DR. MEYERS: That's always a concern, malaria, of course, being perhaps the most important and the most serious one as far as prognosis is concerned. There were other diseases, such as the various kinds of filariasis. But nothing, I think, that would approach the concern over HIV infection today.

I mentioned the Mycobacterium ulcerans, Buruli ulcer question. There was concern that if troops were deployed into this area, they could contract this rather devastating disease, which causes huge ulcers and deformities. So it was on that basis, I think, that they were interested in further research in this particular disease.

Trypanosomiasis was becoming more and more of a problem, and the African-type sleeping sickness caused by trypanosomes was resurging. At the time of independence, in 1960, the Belgians had trypanosomiasis pretty well under control. And when I began working in the Bas-Congo in 1965, it was uncommon to see a patient with active trypanosomiasis. By the time I left there in '73, we were seeing hundreds of cases annually in the hospital. They would come in spontaneously; there was no survey work being done. And I have been back to this area quite a few times since then, most recently in 1989, and this is an ever increasing concern.

Q: Was this because of a breakdown in the medical service, or was this just...

DR. MEYERS: Most of these health problems are a result of a breakdown in the health care delivery system. I'm sure that you're well aware of the total breakdown of government there at this moment.

Q: Yes, it's very sad. You were, until '73, in the Bas-Congo, then where did you go?

DR. MEYERS: I went to the University of Hawaii as a professor of pathology at the University of Hawaii for two years. During that time, I got involved with the leprosy work on Molokai. The history of leprosy on Molokai is a most touching one.

Q: Oh, yes.

DR. MEYERS: Which I don't think we'll have time to pursue.

Q: No, but Father Damien...

DR. MEYERS: Father Damien, yes, and Brother Dutton. I spent a good bit of my time in Hawaii working up the materials that I had accumulated in Africa during my 13 years there. Of course, sad to say, there's a lot of it that's still to be worked up. I also worked with leprosy patients, both on Oahu, at the Hale Mohalu Center in Pearl City, and on Molokai.

Q: So this gets us to about '75 or so?

DR. MEYERS: Yes, that's when I came to the AFIP.

Q: Had you continued, while you were in Hawaii, to be in contact with the AFIP?

DR. MEYERS: Oh, certainly. I don't know how many studies we published during that time, but it was quite a few.

Q: Was the AFIP pretty much the *place to deal with the things? Were there other places, universities at all, that you would turn to?*

DR. MEYERS: I don't really know any other place where we could pursue the things as we have been able to do at the AFIP. I don't think there's any other place that has the vast amount of archival material on such a wide variety of diseases. Of course, there are many things that divert our attention, but I don't think that there's any other place where we could pursue our individual interests in such depth and in as satisfying a manner. There have been disappointments, but I'm convinced that the AFIP has a very important role in American and international medicine, and it's been a satisfying experience to have played a part in it.

Q: So you came here in '75?

DR. MEYERS: April, '75.

Q: Were you recruited, or did you recruit yourself?

DR. MEYERS: I was recruited, but I was very happy to be recruited.

Q: Who recruited you? You were a willing recruit.

DR. MEYERS: Yes. Dr. Binford and Dr. Connor recruited me, and the AFIP

administration seemed to support their requests.

Q: Could you talk a little bit about your impression of Dr. Binford and Dr. Connor, how they operated and all, and sort of the atmosphere of the unit that you came into?

DR. MEYERS: I don't think there's anyone in my life who was quite as influential professionally as Dr. Binford. I first met him in 1961 on my way out to Africa. A pathologist (an AFIP alumnus) that I was working with in Pennsylvania at that time learned that I was going to be doing leprosy work and would be going to Africa. He said, "You have to see Dr. Binford." I didn't have much time, but it seemed important, and I took the time to come to Washington and visit Dr. Binford. Dr. Connor was there at that time, but my primary purpose was to visit Dr. Binford. And I was quite impressed with him, as a gracious southern gentleman, as a scientist, and certainly as one who gave priority to the needs of patients that one might be working with.

He developed the department, as I've gone over before, and remained a very important factor in infectious disease pathology at the AFIP even after he stepped down as chairman.

Then Dr. Hopps served as chairman for several years, followed by Dr. Connor.

Q: When you came here, what was your impression of how the AFIP worked? Was everybody sort of doing their thing, or was it collaborative?

DR. MEYERS: 1975 is not far back in the history of the AFIP, but at least it is 18 years. I think there was then a more collegial atmosphere than exists today. It's difficult to say just how in any particular way, but there was less tension between departments, less tension between management and those who work in the more remote areas of the Institute. Nevertheless, I still think it's a very satisfying experience to be here.

Q: The Vietnam War, as far as American participation, was just over. We had pulled out in '74. Was your department concerned with the aftereffects of Vietnam? I'm thinking particularly of various infectious diseases that people might have picked up in the area.

DR. MEYERS: I'll talk about my own experiences.

Q: Sure. Please.

DR. MEYERS: I know them best. The Leprosy Registry was selected as the center for the histopathologic diagnosis study of those refugees who were afflicted with leprosy or were thought to have leprosy.

Q: So we're not talking just about American military people, but we're talking about what we've begun to call the boat people, the Vietnamese, who are still flocking in.

DR. MEYERS: Yes, and CDC was the clearinghouse overall.

Q: The Centers for Disease Control?

DR. MEYERS: Yes, in Atlanta. There were two reception centers: one in Pennsylvania; and the other one in Arkansas. From time to time the clinicians, epidemiologists and I would gather in Atlanta and go over the data on all leprosy patients. Up until about 1978, there were around 130 or so new leprosy patients in the United States each year. Most of them were immigrant; a small number, 35 or so, were indigenous patients. But from then on, the figure climbed sharply until about the mid-1980s, to about 375 annually. And the vast majority of these were from the refugees from Southeast Asia.

Q: Leprosy has always had this reputation of being such a scary thing. I'm talking about the general public; it's considered by the layman, despite everything, to be highly infectious and all that. Have you found that, dealing with leprosy, attitudes in the United States have changed considerably from when you first became interested?

DR. MEYERS: I would like to say that the stigma of leprosy has changed more than it actually has, even though today there is effective treatment and a leprosy patient can be rendered noncontagious in a few days. He will not be cured that quickly, but he will be noncontagious in a few days. The stigma of the disease is so deeply ingrained and there are so many wrong ideas about leprosy. We keep working at it, but make very little progress. The total number of patients under treatment has diminished from around ten million to approximately five million over the last five or six years.

Q: You're speaking on a worldwide basis.

DR. MEYERS: Yes, on a worldwide basis. There are about 6,000 patients in the U.S. The treatment may eventually be reduced to as short as one month. Today, it's six months to two years. There are some people who don't accept those guidelines and will treat longer. I can understand that. The WHO (World Health Organization) has devised two regimens. For those with...I shouldn't say a minor form, but a form which is noncontagious, the regimen is as short as six months. For those who are considered contagious, and have a more widely disseminated disease, the treatment period is two years.

Even with effective treatment there are going to continue to be about 600,000 to 800,000 new patients each year, and about one-fourth of those are going to have major disabilities when first seen. So people aren't presenting themselves. Even though they may know they have the disease, they still deny it, because of the stigma, up to the point where they have some disability.

Q: Were there other concerns, other diseases that particularly were worked on by your department?

DR. MEYERS: Filariasis was a major area of interest.

Q: Filariasis is what?

DR. MEYERS: There are several kinds of filariasis; some produce elephantiasis more frequently than others, for example Bancroftian filariasis. Another kind, onchocerciasis, or river blindness, has been a major problem in Africa, and in South America and Central America. But in Africa, it is a very serious problem. People have had to move away from the rivers where the agriculture is better, and thus they have had major socioeconomic problems. Malnutrition and ultimate blindness are disabling and impoverishing consequences.

Dr. Connor was interested primarily in onchocerciasis, and we were able to make several trips to Africa together to conduct research on this and other diseases.

Q: Did your department have branches in various places where there might be problems? In other words, something... doctor or pathologist on the spot.

DR. MEYERS: The only formal appointment was at Onderstepoort, a school of veterinarian sciences. We had a zoonoses branch until 6-8 years ago when it was abandoned. And we had one pathologist regularly at Onderstepoort.

Q: Where was that?

DR. MEYERS: Just north of Pretoria, South Africa. From this collaborative effort there was a lot of good work published on diseases of animals in Africa.

Q: I would have thought that, given our long-term commitment to the Philippines and to the Panama Canal, the AFIP would have had something in those places.

DR. MEYERS: We had no contact with those people. We got specimens from them, but we had no formal program with them.

Q: More than any other department of the AFIP, I would think that you would have more visiting doctors, pathologists, from other places ... program...

DR. MEYERS: That has always been an important part of our work, to have visiting scientists, and we have had many over the years. I'll have two coming next month.

Q: From where?

DR. MEYERS: One is from Germany. From the Armauer Hansen Institute in Wurzburg, and the other from Vellore, South India. I am sorry to say that because of

severe reductions in staff we cannot promote this activity very strongly. There is no time to teach and do the research and consultation. Our section at the AFIP is far below the "critical mass" of staffing to be as useful as we should be in these areas of medical education.

Q: On the administrative side, have you noticed a change in... talk about some of the directors. You came in when...

DR. MEYERS: Blumberg, when I first came in.

Q: How did he strike you? What were his interests?

DR. MEYERS: He was a very progressive man. If he believed in something, he would go the last mile to promote a cause or a person.

Q: Bruce Smith?

DR. MEYERS: He was very helpful. He was able to promote the programs that Dr. Connor and Dr. Binford and I were engaged in.

Q: Col. Morrissey.

DR. MEYERS: I really had no contact with him.

Q: He was here just a rather short time.

DR. MEYERS: I was never here when he was here. I didn't make any of my trips back from Africa during that time. So I never actually met the man; I only know what I heard from other people.

Q: Then Col. Hansen was here when you came in.

DR. MEYERS: A fine gentleman, who supported us completely. He helped obtain support for the department, in personnel, finances, whatever. I have the greatest respect for Col. Hansen.

Q: And Capt. Cowart.

DR. MEYERS: Capt. Cowart was helpful. We were involved a great deal with him during the establishment of our armadillo colony here. During his tenure we had a large armadillo colony of more than 200 armadillos at the AFIP.

Q: What were you doing with armadillos?

DR. MEYERS: Armadillos are peculiarly susceptible to leprosy.

Q: Oh, my goodness.

DR. MEYERS: We provided a large amount of the bacilli that were used by WHO and others in manufacturing candidate vaccines or in making antigens or whatever of the leprosy bacillus. Since the leprosy bacillus does not grow in the test tube, it must be grown in animals, and the armadillo is highly susceptible.

Q: Cowan, who was the next director.

DR. MEYERS: Colonel Cowan was also quite helpful in helping get the leprosy work in armadillos underway.

Q: Then Col. McMeekin.

DR. MEYERS: Quite supportive, very helpful. I was sorry he left the AFIP prematurely.

Q: Looking at this as an outsider, one can see that there's always a certain dynamic between the doctors, the researchers here, the pathologists, and the director, a military man who may have a background in pathology, but basically is in charge of administrating and doing it the military way, which does not always mesh too well with researchers. Did you find some of these more difficult to work with than others?

DR. MEYERS: Probably not a matter of difficulty, it was a matter of accessibility. This, I think, contributes a great deal to the outcome of one's efforts or plans. Some were more interested in the individual, would visit in your office and talk about problems and so forth; others did not. Accessibility is perhaps the most important factor in one's attitude toward management or the effectiveness of relationships between management and professional staff.

Q: How do you find the type of pathologist who comes in for a short period of time? Are you getting a good supply of people who come and do their thing and go on to other places, or not?

DR. MEYERS: Not as many as we used to. I think it's a matter of having time to do it. You sort of step back. If you're occupied with doing a great deal of secretarial work, a lot of errand running, photocopying, answering telephones etc. yourself there isn't much time to spend on having pathologists work with you. I think some of us are reluctant to promote that kind of effort and do not readily invite or accept fellows etc. Support personnel, especially secretaries, have been largely withdrawn, reducing the efficiency of

the professional staff, at least in my experience. I probably spend 1/3 of my time at the AFIP doing secretarial work, and my wife does virtually all of my correspondence and manuscripts, voluntarily, at home. I am very grateful for this, but is that the way it should be? I would probably have left the AFIP several years ago without this resource, for lack of opportunity for professional satisfaction.

Q: Well, looking both today and towards the future, as far as your department is concerned, are there any new areas of prospective priority that are developing as far as where you might be concentrating?

DR. MEYERS: We give, for example, courses in infectious diseases. The one we had in San Juan, Puerto Rico, just two weeks ago, was, I think, very successful.

Q: What type of course was it?

DR. MEYERS: That's the course in infectious diseases that we give annually for pathologists and clinicians. It would be nice to have resources to enlarge that effort, and provide more new teaching material. I think we keep up to date, but our slide sets get dated after a while. Dr. Mullick, for example, has been very supportive of the courses and we appreciate that very much. I think this is something we should be doing more of, enlarging the scope of the course, attracting more people.

Q: Since you are the Armed Forces Institute of Pathology, do you ever sort of sit and look around and say, well, maybe we're going to be putting troops into Central Asia or what have you, what are the diseases there? and sort of have a catalog of diseases according to geographic places, and sort of get ready for what might happen?

DR. MEYERS: Oh, I think that's a very important part of our work. Given the personnel, we would be very happy to develop programs along those lines. I think it's necessary to have that information.

There is a Registry of Geographic Pathology, and all of that has been computerized and catalogued. So we can look up those things without any great difficulty. Perhaps because of certain interests, there are some geographic areas that are better represented, but we are just as much interested in the mycotic infections in China or Afghanistan, as in Zaire. But because of relationships that certain people have had with some countries, we have the best collections from Zaire, the Central African Republic, and Uganda. We could just as easily have a similar relationship with any other part of the world.

Q: Well, I can't think of another question at this point,

Dr. Meyers. I want to thank you very much for this. I think this was certainly...

DR. MEYERS: Thank you, it's been a pleasure for me.